

MORRISON | FOERSTER755 PAGE MILL ROAD
PALO ALTO
CALIFORNIA 94304-1018
TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792

WWW.MOFO.COM

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Comments:**Official Filing**

Re: U.S. Patent Application Serial No. 10/656,797

Examiner: Not Yet Assigned

Art Unit: 3732

Title: DEVICES AND METHODS FOR CARDIAC ANNULUS STABILIZATION AND TREATMENT

Filing Date: September 4, 2003

Inventors: Niel F. STARKSEN

Attorney Docket No.: 578492001500

Papers enclosed herewith:

1. Transmittal - 1 page
2. Power of Attorney to Prosecute Applications Before the USPTO - 1 page
3. Statement Under 37 CFR 3.73(b) - 1 page

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PTO/SB/21 (09-04)

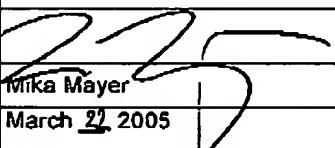
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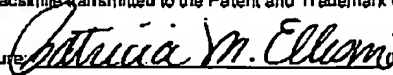
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/656,797
		Filing Date	September 4, 2003
		First Named Inventor	Niel F. STARKSEN
		An Unit	3732
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	3	Attorney Docket Number	578492001500

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address - 1 page <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) - 1 page Fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Mika Mayer		
Date	March 22, 2005	Reg. No.	47,777

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-8308, on the date shown below.	
Dated: March 22, 2005	Signature:  (Patricia M. Ellison)

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PTO/SB/80 (11-04)

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:



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25226

OR



Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:



The address associated with Customer Number:

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Address

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Assignee Name and Address:

 Guided Delivery Systems, Inc.
 2355 Calle de Luna
 Santa Clara, California 95054

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Niel F. Starksen</i>	Date	3-17-05
Name	Niel F. Starksen	Telephone	650 360-4646
Title	Founder, CEO		

pa-963716

PTO/SB/98 (08-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Nial F. STARKSENApplication No./Patent No.: 10/656,797Filed/Issue Date: September 4, 2003Entitled: DEVICES AND METHODS FOR CARDIAC ANNULUS STABILIZATION AND TREATMENTGuided Delivery Systems, Inc., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Mika Mayer
SignatureMika Mayer (Reg. No. 47,777)

Printed or Typed Name

Attorney of Record

Title

March 22, 2005

Date

(650) 813-4298

Telephone Number